

Minorities less likely to get clot-clearing stroke drug

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(HealthDay)—A clot-busting drug known as tPA can greatly improve

stroke outcomes, but it isn't given to minorities nearly as often as it is given to white men, a new U.S. study shows.

Blacks were 26 percent less likely, and other minority patients were 17 percent less likely, to be treated with [tissue plasminogen activator](#) (tPA) than [white men](#), the researchers found. In addition, women were 8 percent less likely to be given the clot buster than men.

"It is helpful to get a sense of what factors are associated with not treating patients with this proven therapy," said lead researcher Dr. Steven Messe. He is an associate professor of neurology at the University of Pennsylvania in Philadelphia.

Although Messe isn't sure why these [disparities](#) exist, he thinks "it is possible that this has already improved in more recent years."

The drug is given after an ischemic [stroke](#), which is caused by a blood clot in the brain; tPA dissolves the clot and restores blood flow to the blocked vessel. It cannot be used for a stroke caused by bleeding in the brain (hemorrhagic stroke).

"Given that tPA has been demonstrated to improve neurologic outcome after stroke, we should be treating all eligible patients," Messe said.

To this end, he said, patient education about stroke symptoms and what to do when a stroke is suspected is needed, as well as continued development of [stroke centers](#).

"Hopefully, we can continue to improve treatment rates overall by addressing some of these issues," Messe said.

The study was funded in part by Pfizer Inc., and the Merck Schering-Plough Partnership.

For the study, Messe and his colleagues looked at the eight-year period between 2003 and 2011 to see how many patients who arrived at a hospital within two hours after a stroke were given tPA. All of the [patients](#) were eligible to get the drug, the researchers said.

Of the nearly 62,000 people in the study, more than 15,000 (25 percent) did not receive tPA within three hours, the findings showed.

Overall, tPA treatment rates improved over time, Messe said, from 45 percent in 2003-2005 to 82 percent in 2010-2011.

Besides race and gender, other factors associated with undertreatment included older age and less severe strokes, the study authors said.

People treated at hospitals with certified stroke centers were twice as likely to receive tPA as people treated at hospitals without the certification, according to the report.

Dr. Ralph Sacco, chairman of neurology at the University of Miami Miller School of Medicine, said, "The good news is that the use of tPA has markedly increased over time."

Disparities, however, were still found "with less utilization of tPA in blacks compared to whites," he said.

Programs are needed that identify, track and address these disparities, Sacco suggested.

"In our center, we have created hospital disparities dashboards [that help identify racial disparities in care] and culturally tailored stroke education programs to address disparities," he said.

The report by Messe and colleagues was published online Sept. 14 in the

journal *Neurology*.

More information: Visit the [American Stroke Association](#) for more on stroke.

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